

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/673518**

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5										
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TOTAL CLAIMS	15										
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TOTAL IND.											
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PTO-1380 (3-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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